

CREDITABLE SERVICE FOR ANNUAL LEAVE ACCRUAL

Instructions: Servicing Human Resources Specialist - Completes this form. Requesting Supervisor/Manager - Submits the justifications in item numbers 3 and 10 with this form.

Employee's Name: (First, Last)	Position Title:	Series/Grade/Step:	Salary:	PD/SJ Number:
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Name of Requesting Supervisor/Manager:

NOTE: If any item below is checked 'NO', creditable service for annual leave accrual cannot be approved.

A. SITUATION/POSITION	1. The situation/position is:	YES	NO
	<input type="checkbox"/> Hard to fill <input type="checkbox"/> Shortage location <input type="checkbox"/> A unique background that will significantly contribute to the FSIS mission		
	2. The service credit was gained in either a non-federal position or during active duty in a uniformed service.		
	3. Justification included explaining the above criteria.		
B. CANDIDATE ELIGIBILITY	4. The candidate is newly appointed.		
	5. The candidate has not yet entered on duty.		
C. SERVICE AGREEMENT	6. The candidate will sign a one year service agreement.		
	7. Service Credit Period:	Years:	Months:
D. PAYMENT OF INCENTIVES	8. The service credit is not creditable under any other leave regulation.	YES	NO
	9. The following documents are included:		
	<input type="checkbox"/> Position Descriptions from other service (if obtainable)		
	<input type="checkbox"/> Military Occupational Specialty description (if applicable)		
	<input type="checkbox"/> Letters from supervisors indicating duties & time periods the employee performed the duties (if obtainable)		
<input type="checkbox"/> Resume			
<input type="checkbox"/> Employment Records			
	10. Documentation includes showing the relationship between the creditable service and the position's duties.		

E. PAY COMBINATION OPTIONS

PAY OPTION	CONSIDERED	USED	PAY OPTION	CONSIDERED	USED
Superior qualifications			Physicians Comparability Allowance		
First Post of Duty			Recruitment Incentive		

CREDITABLE SERVICE FOR ANNUAL LEAVE ACCRUAL	<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend	11. Servicing Specialist Signature:	12. Date: (mm/dd/yyyy)
	<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend	13. Policy Specialist Signature:	14. Date: (mm/dd/yyyy)
	<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend	15. Branch Chief, ECPB Signature:	16. Date: (mm/dd/yyyy)

PRIVACY ACT STATEMENT

Title 5, United States Code, authorizes collection of this information. The following information is being provided in compliance with the Privacy Act of 1974 (Public Law 93-579). The primary use of the requested information is to ensure all requirements to award the creditable service for annual leave accrual are met. This information may also be shared with appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions.

Furnishing the information on this is voluntary, but failure to do so may result in delay or suspension of processing this request.